



# Expected Practices

Specialty: CHS STD Clinics

Subject: Patient Delivered Partner Therapy (PDPT)

Date: March 1, 2017

---

**Purpose:**

Directs the use of patient delivered partner therapy (PDPT) for patients diagnosed with chlamydia (CT), gonorrhea (GC) and trichomonas (TV)

**Target Audience:**

STD Clinics, ER, Primary Care Health Providers

**Expected Practice:**

**Important considerations**

- For patients diagnosed with CT, GC and/or TV:
  - Single dose **directly observed therapy** should be provided.
  - The optimal management of partners is prompt in-clinic evaluation and treatment. If this is not feasible, **Patient Delivered Partner Therapy (PDPT)** must be considered.
- Management of an STD includes providing education and risk reduction counseling.
- Depending on the STD, the following may also be indicated:
  - patient and partner treatment,
  - patient follow-up,
  - re-screening and reporting the case to the local health department.
- For consultation about STD clinical management, call the DPH Division of HIV and STD Programs (DHSP) at 213-368-7441 or the California STD/HIV Prevention Training Center at 510-625-6000
- For more information see the [California STD Treatment Guidelines Table for Adults and Adolescents 2015](#) which is focused primarily on STDs encountered in office practice.
- For more detail and for inpatient and complex cases see [CDC STD Treatment Guidelines](#)

## **Partner Management**

For reportable STDs in California, physicians are required by law<sup>1</sup> to attempt to identify all potentially infected partners and make an effort to bring them in for examination and, if necessary, treatment.

Below is a summary of different methods of partner notification and treatment ranked in order of effectiveness and feasibility. For patients with multiple partners, a combination of different strategies may be employed for notifying and treating different partners.

<b>Grade</b>	<b>Definition</b>	<b>Suggestions for Practice</b>
<b>A</b>	Bring Your Own Partner (BYOP)	simultaneous in-clinic evaluation and treatment of patient and partner
<b>A</b>	Patient Delivered Partner Therapy (PDPT)	Patient delivers educational material and treatment to partner(s) when partners are unlikely to seek clinical services in a timely manner. For male and female partners of patients infected with GC, CT, TV and PID.
<b>B</b>	Provider referral	Provider collects from the patient the name(s) and contact information of their partner(s) and notifies these partners about their possible infection and need for evaluation and treatment. To protect patient confidentiality, their identity is not shared with the partner(s).
<b>C</b>	Health Department Partner Notification	Provider asks the health department to notify partners of their possible infection and the need for treatment of a reportable STD. This is no longer a viable option for CHS clinic patients due to the re-prioritization of syphilis cases.
<b>C</b>	Partner treatment cards for GC, CT and Trich	Patient gives card to their partner advising them of the need to get treatment and how to access it. Accessible at <a href="http://www.publichealth.lacounty.gov/dhsp/InfoForProviders.htm">http://www.publichealth.lacounty.gov/dhsp/InfoForProviders.htm</a> See Partner Treatment cards section near the bottom of the page.
<b>I</b>	Patient Self-Referral of Partners	Patient is counseled to inform their partner that they may be infected and need treatment.

\*See appendix for table explaining rubric.

**Although prompt clinical evaluation and STD testing is preferred for partners exposed to STDs, when this is not feasible, patient delivered partner therapy (PDPT) is a legal and recommended option for the treatment of CT, GC and/or TV.**

Appropriate patients for PDPT are those with a diagnosis of uncomplicated CT/GC/TV infection.

The diagnosis of these infections should be either

- laboratory confirmed **OR**
- provider documents a high clinical suspicion for CT/GC/TV infection.

All partners in the 60 days prior to diagnosis should be considered at risk for infection and should be treated.

Gender or sexual orientation of the partner or the index patient is not a consideration when selecting PDPT.

<sup>1</sup>California Code of Regulations, Title 17, Section 2500

## Recommended Treatment Regimens for PDPT

Infection Diagnosed in Index Patient	Recommended Medication for PDPT	Partner Management
<b>Chlamydia (CT)</b>  <i>Reportable</i>	<i>Azithromycin 1g (250 mg tablets x4) PO once</i> <b>or</b> <i>Doxycycline 100mg PO BID x 7d</i>  <u>In pregnancy:</u> <i>Azithromycin 1g (250 mg tablets x4) PO once or Amoxicillin 500mg PO BID x 7d</i>	Treat all partners in last 60 days, or if none, the most recent partner.  When feasible, test partner(s) for STIs. Do not wait for test results to provide treatment for CT/GC/TV
<b>Gonorrhea (GC)</b>  <i>Reportable</i>	<i>Cefixime 400mg PO *</i> <b>PLUS</b> <i>Azithromycin 1g (250 mg tablets x4) PO once</i> <b>or</b> <i>Doxycycline 100mg PO BID x7 days</i>  <u>In pregnancy:</u> <i>Cefixime 400mg PO *</i> <b>PLUS</b> <i>Azithromycin 1g (250 mg tablets x 4) PO once</i>	<b>If partner(s) are not likely to seek care within a week and can understand written directions, provide PDPT for CT/ GC/TV</b>
<b>Trichomonas (TV)</b>	<i>Metronidazole 2 grams (500mg tablets x 4) PO once</i>  <u>In pregnancy:</u> <i>Metronidazole 2 grams (500mg tablets x 4) PO once</i>	

\*Cefixime is an oral alternative to ceftriaxone IM and therefore appropriate for PDPT

For patients with allergies or contraindications, [see CA STD Treatment Guidelines Table for Adults and Adolescents 2015](#)

### **Patient Education about PDPT**

- Provide information about the STD including how to reduce the risk of transmission to others.
- Explain the importance of treating partners, where appropriate.
- If partner(s) are not likely to seek care within 1 week and are thought to be able to understand all of the written materials in the PDPT packets, explain that PDPT may be an option for partner.
- Prescribe using PILS or EMR
  - As appropriate, dispense CT/GC/TV PDPT packets which should include:
    - 1) Pre-packaged medication (or single tablets if applicable)
    - 2) Index patient brochure
    - 3) PDPT partner brochure
    - 4) Clinic schedule
    - 5) Condoms
- Review ALL the appropriate PDPT information with patient.
- Offer risk reduction counseling:
  - Advise abstinence or consistent condom use, if they do have sex, until 7 days after both patient and partner have completed Rx.
  - When/where/how to return for further evaluation, re-testing or re-screening, including if condition persists or worsens.
  - How to avoid STDs in future e.g. use of condoms, how to obtain free condoms, limiting number of partners, HPV and hepatitis B vaccination, regular testing of patient and partner.

## **Follow-up**

Follow-up may be indicated for clinical evaluation, counseling, test of cure (to detect treatment failure), and/or re-screening (to detect re-infection). Free DPH CT/GC home test kits are a convenient option for re-screening females age 12-25 available at: 1-800-758-0880 or [www.dontthinkknow.org](http://www.dontthinkknow.org).

## **Resources**

California STD Treatment Guidelines for Adults and Adolescents, 2015	<a href="http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/STD-Treatment-Guidelines-Color.pdf">http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/STD-Treatment-Guidelines-Color.pdf</a>
Patient-Delivered Partner Therapy for Chlamydia, Gonorrhea, and Trichomoniasis: Guidance for Medical Providers in California, 2016	<a href="http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf">http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-PDPT-Guidelines.pdf</a>
<b>CDC STD Treatment Guidelines</b> (Rx regimens, evidence tables, pocket guide, wall chart)	<a href="https://www.cdc.gov/std/treatment/default.htm">https://www.cdc.gov/std/treatment/default.htm</a>
<b>STD Clinical Consultations</b>	California STD/HIV Prevention Training Center 510-625-6000 LA County DPH Division of HIV and STD Programs 213-368-7441
<b>Reporting an STD</b>	Information and forms can be downloaded from <a href="http://publichealth.lacounty.gov/dhsp/ReportCase.htm">http://publichealth.lacounty.gov/dhsp/ReportCase.htm</a>
<b>Los Angeles County Division of HIV and STD Programs (DHSP)</b> provider webpage (including links to reporting, partner treatment cards and PDPT)	<a href="http://www.publichealth.lacounty.gov/dhsp/InfoForProviders.htm">http://www.publichealth.lacounty.gov/dhsp/InfoForProviders.htm</a>
<b>Free condoms</b>	Free condoms or have them mailed to you <a href="#">LA Condom</a> 213-351-8000

## \* **Appendix**

<b>Grade</b>	<b>Definition</b>	<b>Suggestions for Practice</b>
<b>A</b>	LAC DHSP and CHS recommends the service. There is high certainty that the net benefit is substantial	Offer or provide this service.
<b>B</b>	LAC DHSP and CHS recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	LAC DHSP and CHS recommends selectively offering or providing the service to individual patients based on professional judgement and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
<b>I</b>	LAC DHSP and CHS concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.